

STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES

PROVIDER ORIENTATION

AGENDA

- **Welcome (5 min)**
- **Case Management (20 min)**
 - LON
 - Individual Plan
 - Individual Progress Review (6 Month Review)
- **Placement & Resource Allocation Team (15 min)**
 - Utilization Resource Review
 - Notice Of Opportunity
- **Self Determination (20 min)**
 - Self Advocate
- **Break (10 min)**
- **Individual Budgets (25 min)**
 - Rates
 - Fiscal Intermediary
 - Documentation and Billing
 - Vendor Authorization
- **Clinical Services (30 min)**
 - Incident Reports/Critical Incidents/255M
 - PRC Procedure
 - PRC Data & Behavior Plans
 - Forensic Review
 - HRC
- **Abuse & Neglect (20 min)**
 - Prevention and Reporting
 - Investigations
- **Break (10 min)**
- **Resource Administration – (30 min)**
 - Purchase of Service Contracts
 - Financial Reporting – Annual Report/Operational Plan
 - COOP
 - Provider Profiles
 - Performance and Fiscal Reviews
 - Web Page Review
 - Portability
- **Quality Service Reviews (15 min)**
- **Quality Improvement (15 min)**
 - Continuous Improvement Plans
 - Enhanced Contract Monitoring
- **Health Services (20 min)**
 - Medication Administration Certification
 - DNR
 - Nursing Policies/Procedures/Directives
 - Nursing Meetings
- **Break (10 min)**
- **RFP (15 min)**
- **Regional Contacts (5 min)**
 - Leadership Forum Schedule
- **Questions/Evaluation (15 min)**

CASE MANAGEMENT

- LEVEL OF NEED (LON)
- INDIVIDUAL PLAN
- INDIVIDUAL PROGRESS REVIEW (6 MONTH REVIEWS)



Individual Plan (IP)

- Roadmap for the Individual
 - IP1: Information Profile
 - IP2: Personal Profile
 - IP4: Assessments
 - IP5: Action Steps
 - IP 7: Provider Qualifications & Training
- Consistency with LON
- Waiver Guidelines for IP
 - 365 days from last IP
 - IP10: Waiver redetermination
- Roles and Responsibilities
 - Case Manager
 - Private Provider



Level of Need (LON)

- Development & Risk Summary
- Association with funding allocation and Individual Plan



Individual Progress Review (6 Month Reviews)

- Review of Action Steps and Progress
- Timeframes
- Roles and Responsibilities
 - Residential
 - Day

PLACEMENT & RESOURCE ALLOCATION TEAM (PRAT)

- PRAT
- UTILIZATION RESOURCE REVIEW (URR)
- NOTICE OF OPPORTUNITY



PRAT

- Purpose
- Composition of committee
- What needs to come through PRAT
- How do providers have items/concerns presented at PRAT



Utilization Resource Review (URR) Process

- A URR is done when an individual is above the LON based allocation for day or residential; has a 1:to:1; or has line-of –site supervision.
- The provider must work with the DDS Case manager to properly prepare the URR package. The provider must provide a descriptor of the specific program, a schedule of what the enhanced staff does specifically with the individual, data (including baseline data and current status; a copy of the behavior program; a titration plan to reduce the enhanced staffing.
- URR approval can be granted up to 3 years. If you receive a conditional approval that is time-limited, you must submit the requested information by the date established by the URR committee. Medical URRs may not need to come back through the URR process.
- Failure to provide substantiating information can lead to removal of funds from a budget/no additional requested funds being added to a budget.



Notice of Opportunity (NOO)

- Notice of opportunity (NOO) – the start of the referral process
- Format
- Completed by provider – this will help formulate the type/number of referrals you receive – be as specific as possible.
- Responses – you need to respond to the PRAT Manager and Resource Manager regarding your ability/inability to provide services for an individual. You must be specific as to why you can or cannot provide services

SELF-DETERMINATION

- SELF-DETERMINATION
- SELF ADVOCATES



About Self-Determination

- Self-determination is a national movement about rights and personal freedom. It is an approach to service delivery that supports people with disabilities to live the lives they desire. Self-determination helps people, their families and friends determine their future, design their own support plans, choose the assistance they need to live full lives and control a personal budget for their supports. Individuals may use their individual budgets to hire their own staff, to purchase supports from a traditional agency or from an Agency With Choice, or may select a combination of these approaches.
- Self determination has generally come to mean ***the right of people with disabilities to have control in their lives and authority over the resources that support them.*** Over time, the definition of self determination has expanded to mean that people with disabilities have: ***the Freedom to decide how to live their lives; Authority over their resources and supports; the Support they need to live full lives; and Responsibility for their decisions and actions.*** In the words of the national self advocacy group, Self Advocates Becoming Empowered, self determination can best be described by the slogan “Nothing About Us Without Us.”



About Self Advocacy

- Self advocacy means speaking or acting for yourself. It means deciding what is best for you and taking charge of getting what you want. It means standing up for your rights as a person. The Department of Developmental Services (DDS) believes that all of the people we provide services to can benefit from learning and using self advocacy skills. In 2004, nine DDS Self Advocate Coordinator positions were created to help expand and enhance self advocacy throughout Connecticut. The Self Advocate Coordinators are responsible for providing leadership, coordination, role modeling and mentoring of self advocacy to individuals in their assigned geographic area. They do this by supporting existing self advocacy groups and helping start new self advocacy groups; by providing self advocacy and self determination training to consumers, staff and families; by creating self advocacy and self determination materials that are written for and by people with cognitive disabilities, and by participating on DDS and other statewide committees to influence change that will result in the enhanced empowerment of people with cognitive disabilities.

INDIVIDUAL BUDGETS

- RATES
- FISCAL INTERMEDIARY
- DOCUMENTATION AND BILLING
- VENDOR AUTHORIZATION



Rates

- Standardized rates are used to develop the cost of an individual's IP.6 service package.
- The rates may be found on the DDS Web-site.
- Residential services (Adult Companion, Personal Support, Individualized Home Supports, and Respite) include transportation in the rate.
- Group Day services (DSO, GSE, SHE) do not include transportation in the rates. If transportation is provided, it is billed separately since it is provided separately from the Group Day service.
- Utilize the Case Manager if there are concerns regarding the services or rates that were used in developing an individual's IP.6.



Fiscal Intermediary

- DDS utilizes two Fiscal Intermediaries.
 - Allied Community Resources
 - P.O. Box 1086, Enfield, CT 06082-1086
 - Phone: (860) 627-9500
 - Toll Free: (866) 275-1358
 - FAX : (860)627-0330
 - Sunset Shores of Milford
 - 720 Barnum Ave. Cut-Off, Stratford, CT 06614
 - Phone: (203) 380-1228
 - Toll Free: (877) 666-1366
 - FAX (203) 380-1481
- Utilize the Fiscal Intermediary for any billing issues.
- After utilizing the C.M. and F.I., unresolved issues should be referred to the F.I. Liaison.



Documentation & Billing

- Service must be provided in accordance with the consumers Individual Plan.
- For each service provided documentation must include the
 - Goal or Outcome identified in the consumers Individual Plan,
 - date of service,
 - start time and end time of service
 - signature of staff providing service, and
 - daily progress note related to the outcomes in the Individual Plan
- All payments made for services and supports that have been authorized through the IP.6/Individual Budget with a VSA, will be made by a Fiscal Intermediary



Vendor Authorization

- Providers will be notified via a Vendor Service Authorization (VSA) form that they are authorized to provide an individual services and supports.
- DO NOT BEGIN SERVICES THAT HAVE NOT BEEN AUTHORIZED.
- VSA will include the following:
 - Service recipient
 - Fiscal Intermediary (F.I.), and billing address
 - DDS Case Manager (C.M.), and phone number
 - Service, Rate, Unit, and Duration that have been authorized
 - Annualized funding associated with each service
 - Date of Authorization
 - Authorizer

CLINICAL SERVICES

- INCIDENT REPORTS/CRITICAL INCIDENTS/FORM 255M
- PROGRAM REVIEW COMMITTEE (PRC) PROCEDURE
- PRC DATA & BEHAVIOR PLANS
- FORENSIC REVIEW
- HUMAN RIGHTS COMMITTEE (HRC)



INCIDENT REPORTING/CRITICAL INCIDENTS/FORM 255M

- Incident reporting
 - Types of incidents; injury, restraint, unusual incidents, medication errors
 - Forms 255 and 255m
 - Completed forms sent to DDS with 5 days of incident
- Incident Reporting in own/family home
 - Form 255OH
 - List of reportable incidents
 - Death - follow Mortality Reporting Policy
 - Abuse or Neglect - Follow Abuse /Neglect policy and procedures
- Critical Incidents
 - Review what is reportable – check box at top of page
 - Faxed in immediately – also follow standard report procedure
 - Follow up form faxed in within 5 days

Program Review Committee (PRC)

Applies to Who

- This procedure applies to all individuals placed or treated under the direction of the Commissioner. This includes individuals receiving services in or from DDS operated, funded and/or licensed facilities, including ICF/MR, CLA, CTH, Day Services and DDS Individualized Home Supports provided in any setting and/or any DDS funded service regardless of where the individual lives. It applies to individuals receiving any HCBS Waiver Services where paid staff are required to carry out a behavioral intervention that utilizes an aversive, physical, or other restraint procedure and/or staff funded by the DDS who are required to pass/give a behavior modifying medication, regardless of where the individual lives. This procedure applies to individuals receiving services from the DDS Voluntary Services program if they are placed in an in-state DDS operated, funded and/or licensed facility. It also applies to any individuals who receive ongoing, planned psychiatric supports where behavior modifying medication is prescribed by the Psychiatrist regardless of where the individuals live and whether or not they are receiving DDS Waiver Services.
- This procedure does not apply to those receiving DDS Respite Services only, those exempt from Program Review Committee/Human Rights Committee (PRC/HRC) review, and those who reside in long-term care facilities licensed, funded and/or overseen by other state agencies.



PRC Exemption

- Client is their own agent (no guardian), take their own meds, goes to their doctor on their own and team feels that can be exempt.
- Fill out Exemption form and include the IDT team's rationale and signatures. Team will review and make their decision. Letter will then go out to the Case Manager whether it has been approved or disapproved.
- Exemptions are only for meds – never for aversive or restraints.



Aversives/Restraint

- Aversive Procedure: A procedure that contains the contingent use of an event or device which may be unpleasant, noxious, or otherwise cause discomfort to (1) alter the occurrence of a specific behavior or to (2) protect an individual from harming him or herself or others and may include the use of physical isolation and mechanical and physical restraint. This also includes the use of chemical restraints and the use of restrictive procedures such as escorts (except escorts like 'guide along' that are met with little or no resistance from the individual), physical isolation, response cost, over-correction, restitution, and other similar techniques
- Mechanical Restraint: Any apparatus used to restrict individual movement. This includes any device (e.g. helmets, mitts, and bedrails) used to prevent self-injury. This excludes mechanical supports designed by a physical therapist and approved by a physician that are used to achieve proper body position or balance; protective devices that are approved by a physician for specified medical conditions (e.g. helmet used to protect an individual from injury due to a fall caused by a seizure); and mechanical devices that can be removed by the individual at their choosing (e.g., helmets, mitts).
- Physical Restraint: Any physical hold used to restrict individual movement or to protect an individual from harming him or herself or others. This excludes physical interventions that are met with little or no resistance from the individual such as 'guide along techniques' or holds that are used as guidance to teach an individual a skill e.g. hand over hand techniques.



Behavioral Treatments (BSP)

- Specific
- Individualized
- Respectful



Typical Program Structure

- Author/Date written/updated/reviewed
- Summary: Who is this individual, synopsis of clinical history (placements, hospitalizations, incarcerations, alleged abuse or neglect), treatment/behavioral management history
- Definition of terms (target behaviors, as detailed in both PRC front sheet and data, related to DSM-IV diagnoses).
- Proactive components: teaching strategies, communication and social/ADL/community skills (anger management, stress management) appropriate to intellectual level.
- Reactive Components: Specified (as on PRC front sheet and informed consents) Restraints and Aversive procedures. Include those measures for housemates that impact this consumer.
- Data system (monthly data as best practice, ideally graphed for ease of interpretation by both behaviorist and treating prescriber, as well as understandable by guardian.



Positive Components

- Positive Components
- Teaching alternative, positive behaviors to replace maladaptive or aggressive behaviors.
- Communication
- Incompatible behaviors (busy, productive hands; relaxation techniques).
- Remediation for identified skill deficits
- Preparation for more independent, community based living/interaction.



Aversives

- Experienced as negative or punitive by the individual; negative reinforcement.
- Restrictions of personal freedom (door alarms, restriction to house); loss of earned privileges/rewards; invasion of personal space (room/person searches; light of sight supervision).
- Time out (from positive reinforcement. Can they leave? If not: TO
- Other traits: specified time, escorted there, staff remain or block exit, directed back to room. The alternative: instruction in voluntary relaxation/quiet time techniques.



Restraints

- Specify the restraint program used (PMT, SUPPORT, PROACT, CPI, etc.)
- Specific class/type of restraint to be consistent and listed in PRC front sheet, BSP and Informed consent: Lower Figure Four, Supine Floor Control.
- It's not informed consent, or informed "Review" if only "least restrictive PMT" is described.
- Planned vs. Emergency as they impact frequency of PRC review.
- Exit and discontinuation criteria .
- Duration (mechanical/floor control/time out), frequency (for all restraints) data



Data

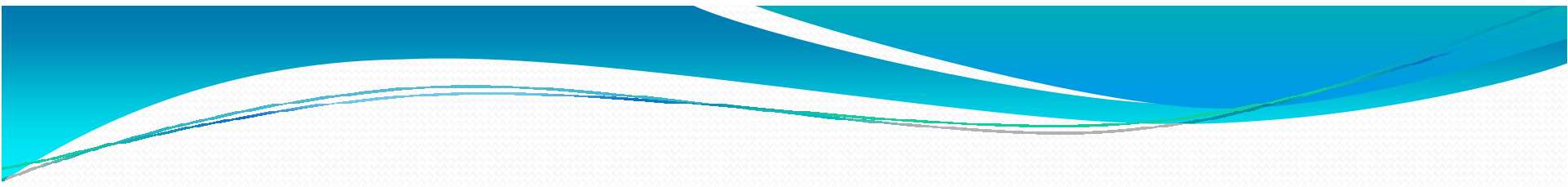
- Mandated by policy
- Monthly, graphed data is best practice, if not specified by policy.
- Data should (include at a minimum) be the target behaviors listed on the PRC front sheet, which in turn are related to the DSM-IV diagnoses being treated by psychotropic medications and/or restrictive and aversive procedures.
- If Data's not clear to the PRC reviewers, it's probably not clear to the treating prescribers or the guardians.
- If Data is not included with the packet, due 2 weeks prior to the PRC meeting, the packet is incomplete and will not be reviewed

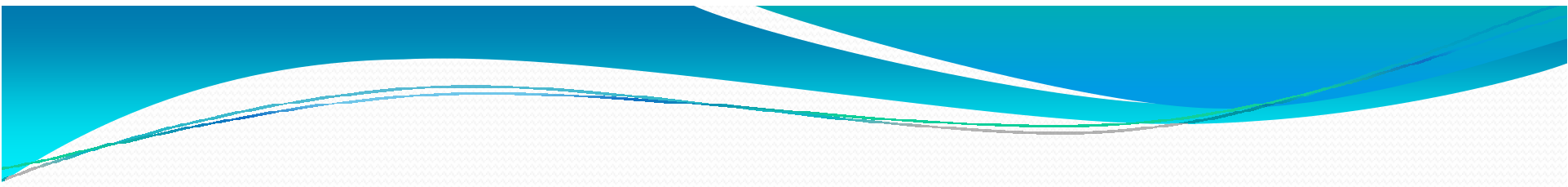
Tables/Graphs

- Many forms meet minimum requirements, both table and graph, but best practices can be summarized as: Individualized, specific to the person target behaviors related to the psychiatric diagnoses and shown by Functional Analysis to be casual of those target behaviors. Common sense interpretable, clear and ideally graphically depicted across the review period (color helps, as does variation in the data points depicted). Most agencies use monthly data, which shows long term trends for 1, 2, 3 year periods.

Forensic Issues

- “Forensic: belonging to courts of justice” (Black’s Law Dictionary) For DDS, “forensics” refers to the Department’s interactions with the criminal justice system, that begins when a person who is, or is perceived to be*, mentally retarded has been arrested. **do not need to be a “client” of DDS.*
- DDS’s system is comprised of:
 - Forensic Coordinator
 - 3 Forensic Liaisons
 - 3 Regional Forensic Committees
 - a Statewide Forensic Admission Committee [reviews referrals for additional services, all new referrals for services, all serious threat referrals, and all high cost
 - Criminal justice system is:
 - the criminal court over which a superior court judge presides,
 - prosecutor (state’s attorney),
 - defense counsel (private or public defender),
 - and where applicable, a public defender social worker.
 - Department of Mental Health and Addiction Services may be involved as well as Department of Correction if the person is not released from custody while the proceedings are pending.
 - After disposition of the case, the DOC, Office of Probation, or Parole Board may be involved with the person.

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- The relevant statute is Conn. Gen. §54-56d- This statute, on competency and restoration, sets out the only legal obligation that DDS has in criminal court proceedings. The Department has no other legal obligation to the Court. The court's authority over DDS is limited to competency and restoration of the person.
 - Connecticut law creates no exceptions or special treatment for mentally retarded defendants. Competency under this statute is limited to whether the defendant is able to understand the proceedings against him or assist in his own defense. Competency in other areas or the existence of a plenary guardian or conservator of the person is not relevant for this particular inquiry. The statute presumes competency unless proven otherwise by preponderance of the evidence.
 - Competency may be raised by any party to the proceedings, that is, the prosecutor, the defense attorney, or the Court itself. The judge may order a competency examination of the defendant.
 - Generally, a DMHAS court clinic assessment team will evaluate the defendant and if it finds the defendant is not competent, it must determine whether restoration to competency is substantially probable.

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- Upon receipt of the competency evaluation, the Court can make one of several findings, including not competent but restorable and order a course of restoration training, or not competent and not restorable and either release the defendant or order him/her into the custody of the Commissioner of Mental Health, Children and Families, or Developmental Services.
 - If the Court enters what is known as “the sub (m) finding,” that is, not competent, not restorable, and is ordered into the custody of the Commissioner of DDS for the purposes of applying for civil commitment, DDS has that person in its care and custody from the moment the order is issued.
 - After the entry of a sub (m) order, DDS must, within a reasonable time, file in the appropriate probate court an application for involuntary placement.
 - While the Department’s obligation to the Court are limited to the provisions of §54-56d, the Department may have some obligation *to the person arrested*, depending on *our legal relationship* to that person.

ABUSE & NEGLECT

- PREVENTION AND REPORTING
- INVESTIGATIONS



Reporting

- Role of the mandated reporter
- Reporting against your agency
- What gets reported to OPA or DDS
- Injuries of unknown origin
- “Suspected” abuse/neglect
- Administrative versus abuse/neglect
- Human rights versus abuse/neglect
- The Anonymous reporter
 - Putting the alleged perpetrator on “administrative leave”
 - Leaving a message and follow-up
 - Timely reporting
 - OPA “jargon”
 - “DNT” Do Not Take



Starting the Investigation

- DDS Investigator training
- Conflict of interest
- Administrative Investigations
- Summary
- Recommendations, match disciplinary action, *the client*
- The importance of an intake
- The importance of the behavior support plan



Definitions of Abuse and Neglect

- Willful
- Accidental
- Sexual abuse and the frequent reporter
- Staff training
- Programmatic neglect



Prevention of Abuse and Neglect

- Leadership
- Monitoring
- Consistency and recordkeeping
- In-tune with staff
- Residents needs being met
- Financial checks and balances
- Tracking injuries of unknown origin
- Compatibility of housemates



Human Rights (HRC)

- What separates HRC from PRC
- What is a complete packet
- What is expected of the presenter
- Bad words: “compliance”, “baby monitor”, negative biases and what’s “good”

RESOURCE ADMINISTRATION

- PURCHASE OF SERVICE CONTRACTS – UMBRELLA CONTRACT
- FINANCIAL REPORTING
- COOP
- PROVIDER PROFILES
- PERFORMANCE AND FISCAL REVIEWS
- WEB PAGE REVIEW
- PORTABILITY



Purchase of Service Contracts (Umbrella Contract)

- There are separate contracts for day services and residential services.
- There is one state wide umbrella contract for day services and one for residential services per agency.
- Documentation requirements can be explained by your Resource Manager. (Discuss Letter/list)
- Affidavits, and certificates – www.ct.gov/opm
 - Ethics Affidavit
 - Non-discrimination certificate
- Residential and day contracts have service authorizations which identify the individual, rate, service type, and number of hours.
- Providers should review authorizations thoroughly and timely and report concerns/issues to the Regional Resource Manager immediately.
- Day contract payments are based on utilization as reported in WebResDay attendance.
- Residential contract payments are 1/12 of the service cost if one unit of service is provided during the month as reported in WebResDay attendance.
- Notice of Opportunity - only for a vacancy in an established setting (not new development) get form from Resource Manager. (CLA/CRS/SL occasionally for day)

Financial Reporting

Annual Report/Operational Plan

- Operational Plan – due 4/1 – for next contract year and updated when cost center is added to contract (software download on Web Page)
- All providers doing \$300,000 or more of business statewide
 - Annual Report due 10/15 (Purchase of Services Contracts only)
 - Annual Report – www.cjlc.com for download of report, instructions, & checklist
 - A penalty will be assessed for each day the annual is late. Extensions should be submitted in writing to the attention of the DDS Commission prior to 10/15.
 - Financial Statements due 12/31
 - State single audit (Non-profits)
 - Audited financial statements (For Profits)
 - Reconciliation forms (Non-profits)
 - Mid-year expense report (Attachment D) – due 3/1
- End of Year Expense Report (Attachment D) – less \$100,000 – due 9/30
- Executive Director Salary Cap - \$100,000
- All agencies must identify an Executive Director or Principle of the Entity.
- Related Party Transactions must be identified in the Annual Report and approved by the DDS Ethics Committee yearly.



COOP

- Continuity of Operations Plan
- Instructions for the Development of the COOP can be found on the DDS Web page ~ on the right under Emergency and Safety Information.
- Plans should include the following information (see check list)



Provider Profiles

- Profiles can be found on the left under Providers ~ DDS web page
- A profile is completed and added to the list when agency/individual becomes a qualified provider.
- You can search for profiles by name or town.
- You can search for agencies or individual practitioners who provide the services of Clinical Behavioral Supports or Healthcare Coordination separately.
- Currently, every qualified provider is on this listing.
- To update ~ send information to DDS.Provider.Profiles@ct.gov
- Once a year ~ an e-mail will go out to the whole list requesting that the current information is reviewed and updated as needed.
- Identified agency contact person(s) will receive all information from DDS and is responsible for inter-agency distribution.



Performance and Fiscal Reviews

- DDS will hold 2 meetings with providers each year – a Performance/Quality Meeting and a Fiscal Meeting.
- Fiscal meetings will be held in May & June each year. Meetings will be held separately in each region as appropriate based on contract and/or individual budgets. The focus of these meetings is fiscal issues, participant lists, FI issues , etc.
- Quality Review Meetings are staggered throughout the year with the exception of May, June & July. They are held in the Prime Region with participation from other regions as appropriate.
- An invitation is sent by e-mail with the date and time of your meeting.
- The focus of the Quality Review meeting is on a review of QI data and the Continuous Improvement Plan. This meeting will result in a recommendation for agency certification.
- QI data is forwarded to providers prior to the meeting for their review and analysis. They should look at trends and issues and incorporate these into the Continuous Improvement Plan.
- We will discuss the Continuous Improvement Plan in a little more detail later in the program.
- Agendas for these meeting were part of the e-mail handouts (may be changed slightly).



Web Page Review

- DDS Web Site www.ct.gov/dds
- On the left – Providers: information on a wide variety of items including:
 - Cost Standards
 - DDS Rate system transition – Provider Day Video Presentation Attendance Based Reimbursement
 - How to become Qualified Provider
 - Provider Amendment Application - to change/add/delete services
 - DDS Policies & Procedures
 - HCBS Waiver Manual
 - Operational Report – software download
 - Provider Forms –
 - One-time form
 - Incident Report form
 - At top also click on “forms” for additional forms
 - Quality Improvement Services
 - Continuous Improvement Plan
 - Agency Self –Assessment

(Continued)



Web Page Review - Continued

- On the right - New Business Opportunities – RFPs
- On the right – Policies & Procedures – link to DDS Manual
- On the left – Video Library – Trades Meetings
- List of Approved Vendors:
 - Waiver Information
 - Top ~ Programs & Services
 - Provider Information for Families
 - DDS Qualified Providers
 - Provider Profiles



Portability

- Portability Policy defines the process to be followed when an individual desires/needs a change in support plans which may include a change in provider.
- Procedure only applies to individuals who are funded through a Master Contract (not Individual Budgets)
- Personal Control of Resources form is completed & forwarded to provider
- Outlines issues/concerns
- Allows for provider response
- Individual can decide to accept or not accept plan
- Agency is given notification that individual is leaving program and date is established to remove funding from the contract
- Policy applies to residential and day supports – including CLA (separate policy)

The background is a solid blue gradient. At the top, there are several wavy, horizontal lines in shades of light blue and cyan, creating a sense of movement or a horizon line.

QUALITY SERVICE REVIEWS



DDS Quality Service Review

- The Quality Service Review (QSR) reviews private and public services using a set of quality measures called *indicators* that include regulatory or policy standards.
- The QSR is a service review and process to identify the quality of services and individuals' satisfaction with services and supports.



Areas for QSR Assessment

There are seven Focus Areas for the QSR:

- Planning & Personal Achievement
- Safety
- Relationships & Community inclusion
- Health & Wellness
- Choice & Control
- Satisfaction
- Rights, Respect & Dignity



QSR Components

- *Quality **Indicators*** are statements indicating specific expectations within focus areas. Example: Indicator D 43 Direct service providers maintain documentation of supports and services provided and progress made.
- Indicators are organized by ***service*** to create ***tools (lists of indicators)***. Not all indicators apply to each service.
- ***Interpretive Guidelines*** for each indicator provide information from policy, procedure, statutes, regulation, directives, and best practice standards. They also provide examples and discussion for reviewers and providers.



Data Collection Methods

- Observation of the individual where supports are provided
- Documentation review of the Individual Plan and other records
- Safety Checklist review of the individual's environment and emergency planning
- Interviews with the individual receiving services and a support person
- Application Data verification of required information
- Verification of expected follow-up (PRC, Previous QSR findings, Abuse/Neglect Recommendations, etc.)

Individual Level Indicator Ratings

MET EXEMPLARY

- Not currently used.

MET

- The indicator is present for the Individual.

NOT MET

- Any aspect of the indicator is not present for the Individual.
- The issues identified are the responsibility of the provider; action is required to address the finding.

NOT MET, REQUIRED
for FOLLOW UP

- The indicator is not present.
- The provider is required to submit and implement a written corrective action plan for the indicator issues identified.

Individual Level Indicator Ratings

NOT MET - CM

- **DDS Responsible - Case Management as a service**
- The indicator is not present.
- Issues identified are the responsibility of the DDS Case Manager; action is required.

NOT MET - DDS

- **DDS Responsible**
- The indicator is not present.
- The issues identified are the responsibility of the DDS system; action is required to address the finding.

NOT APPLICABLE

- The indicator does not relate to the individual or service type being reviewed.

NOT RATED

- The indicator is applicable to the individual or service type, but circumstances have not allowed the reviewer to evaluate the indicator.



Additional Systems Contributing to Provider Review Findings

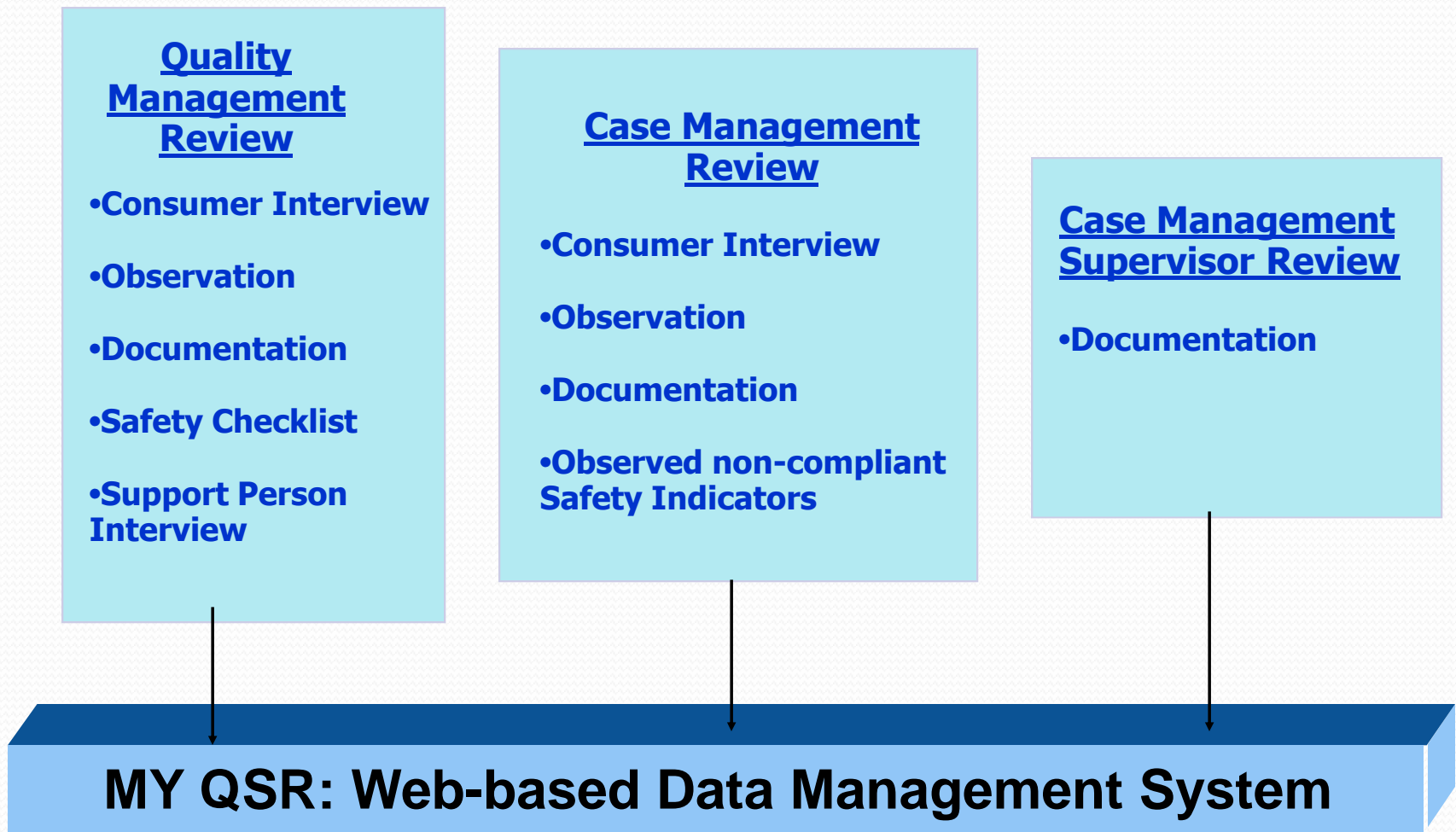
- PRC and HRC
- Incident Reporting
- Abuse / Neglect Reporting and Follow-up
- Mortality Review
- Medication Administration
- Concerns
- Resource Administration
- Financial Audits



QSR Visit Process

- DDS identifies an individual and their service for a review.
- The reviewer will use a review *tool* (set of indicators) that matches their role and the service type being reviewed.
- Review is conducted; visit may be announced or unannounced.
- Review findings are recorded in My QSR.
- Not Met findings must be addressed.
- If written corrective action plans are required, they must be entered into the My QSR and monitored until closed.

One pool of quality indicators are drawn from to make service and role-specific review tools for data collection.





Quality Cycle

- Information gathered may identify areas for improvement or indicate progress is being made, and is used for ongoing quality improvement.
- Findings and quality improvement actions should be used to address both individual and systemic factors.



Integrating the QSR Process

- The QSR process includes provider self-assessment and quality improvement planning activities to evaluate the effectiveness of their own service and quality management systems.
- The QSR process includes DDS using QSR and other data for systemic improvements.



QSR Web-based Data Application (My QSR)

- Allows quality review data to be recorded by DDS and reported to providers and appropriate DDS personnel.
- Allows required corrective action planning and implementation to be documented and monitored.
- Ensures information is available for use in DDS and Provider quality improvement activities.



DDS QSR Web Address

<https://www.ddsapp.ct.gov/QSR/>

- Agencies must be assigned in the system by DDS before the agency can log on in this application.

QSR Log On Page Example

The screenshot shows a Windows Internet Explorer browser window titled "QSR Main - Windows Internet Explorer". The address bar displays "https://www.ddsapp.ct.gov/QSR/". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The toolbar shows various icons for navigation and search. The page content features the "CT.gov" logo with the text "STATE OF CONNECTICUT" and "QUALITY SERVICE REVIEW", and the "DDS" logo. The main heading is "Log On to the QSR System". Below this, a paragraph explains the login process for State of Connecticut employees and external vendors. There are two input fields: "Username:" and "Password:". A "Log On" button is positioned below the password field. A link "Forgotten Your Username or Password?" is provided, followed by instructions on how to use the "Password Reset" tool and contact "QSR support". The Windows taskbar at the bottom shows the "Start" button, several open applications including "QSR Main - Windows I...", "Inbox - Microsoft Outloo...", "1 Reminder - \\Remote", and "Microsoft PowerPoint - [...]", and the system clock showing "7:49 AM".

QSR Main - Windows Internet Explorer

https://www.ddsapp.ct.gov/QSR/

File Edit View Favorites Tools Help

CT.gov STATE OF CONNECTICUT QUALITY SERVICE REVIEW

DDS

Log On to the QSR System

Enter your username and password to log on to the QSR system. If you are an employee of the State of Connecticut, your username is the same as your network logon ID. If you are an employee of an external vendor, your username is most likely your email address.

Username:

Password:

Log On

Forgotten Your Username or Password?

If you have forgotten your username and/or password, please use our [Password Reset](#) tool to have a new password emailed to you. If you are not sure whether you have an account or not, please try your email address in the Password Reset tool. If you need other assistance, please contact [QSR support](#).

Done

Start QSR Main - Windows I... Inbox - Microsoft Outloo... 1 Reminder - \\Remote Microsoft PowerPoint - [...]

Internet 100% 7:49 AM



QSR Requirements

- Providers are responsible for participating in DDS Quality Systems, including establishing and maintaining QSR Web-based interactions.
- Quality Management and Resource Management will provide assistance to providers. Please contact us for initial set-up in the system, and for any questions.

Reference

Please see the DDS web site: <http://www.dds.state.ct.us/>

For More Information On...

- Quality Management Services Division
- Supports and Services
- HCBS Waivers
- Information for Providers
- Safety Alerts / Advisories/ DDS Safety Campaign
- Health and Clinical Services
- DDS Manual
- Health Standards
- Fire Safety and Emergency Guidelines
- Emergency Management
- Medication Administration
- Announcements, updates, and other information

QUALITY IMPROVEMENT

- Continuous Improvement Plans
- Enhanced Contract Monitoring



Continuous Quality Improvement Plans

- This is a document for a provider to use to identify strengths, challenges to providing quality services & supports, and themes/trends that are priorities to be address.
- This information should come from the agency self assessment, data provided at the semi-annual Quality Review, agency own tracking and data.
- This is a dynamic document. It should be continuously changing as goals are met and new ones added.
- Web page provides hints to develop an effective Continuous Improvement Plan. You can also find the form and the Self Assessment tool.



Enhanced Monitoring

- This procedure addresses issues with a provider who is not complying with DDS regulations, policies, procedures etc. and this is having a negative impact on supports and services to consumers.
- An initial meeting is held with the region to outline the issues. The Board of Directors is notified of this meeting and a representative is required to attend.
- In this meeting expected outcomes and timeframes are defined.
- Follow up meetings are held to determine that issue have been addressed and resolved.
- Other actions that may be taken:
 - Suspend new admissions specific program/regional/statewide (see Provider Profile – “No”
 - Suspend expansion
 - Remove as qualified provider
 - Terminate contract
- Review procedure

HEALTH SERVICES

- MEDICATION ADMINISTRATION CERTIFICATION
- DNR
- NURSING POLICIES/PROCEDURES/DIRECTIVES
- NURSING MEETINGS



Medication Administration

- **Medication Administration** is a delegated task.
- Med cards require a recent test every 2 years. Checklist A&B must be done within 90 days prior to the expiration date listed on the Medication card. Annual pass and pour must be done within 4 weeks before or after the staff's anniversary date on their medication card.
- Contact - Valerie Vujs (860-418-6135) the statewide contact at Central Office for courses and curriculum.
- Revocation Requests - Send to Regional Health Services Director



End of Life Issues and Information

- **DNR**

- For all contemplated DNR's contact Case Manager Or Nurse Consultant – who in turn will notify the Director of Health Services.

- **Death**

- When a death occurs during regular business hours notify the Case Manager , Nurse Consultant and/or Director of Health Services as soon as possible. Further notifications need to occur based on this notification. When a death occurs after business hours, weekends and holidays – notify the Manager On Call for appropriate region.

- **Mortality Review**

- When a case is being reviewed all documents will be collected by the Case Manager or Director of Health Services.



Nursing Policies/Procedures/Directives

- **Policy and Procedures**
 - DDS Website, Publications, Manuals, DDS Manuals, I.D. Quality Enhancement, PO.001, PR.001, 002, 003, 005. I.E. Health and Safety, PO.007.
- **Medical Advisories, Health Standards, or Nursing Standards**
 - DDS Website, Supports and Services, Health and Clinical Service – choose either – Medical Advisories and Health Standards or Nursing Standards.
- **RN On Call**
 - CLA and IHS out of family home – must have an on call program in place. RN must be the contact not a manager or LPN.
 - Contact Nurse Consultant with any questions. DDS Web Site under Manuals – Procedure No IE PR 008.
- **Hospitalizations and Psychiatric Hospitalizations**
 - Notify the Case Manager of all hospitalizations and psych hospitalizations.

Private Sector Nursing Meetings

- Held every other month
- Contact Regional Nurse Consultant for schedule.

REQUEST FOR PROPOSAL (RFP)



DDS Funding

- Individuals supported by DDS receive funding based on their Level of Need.
- Most individuals independently choose a qualified provider that best meets their needs.
- Sometimes, an individual is unable to find a provider that will meet their needs in an already established setting.
- After the Region has exhausted all available options, DDS will issue a Request for Proposal.



Request for Proposal

- A request for Proposal (RFP) is defined as the process by which the Department will issue, evaluate and award proposals for a specifically identified program for individuals supported by DDS.



Request for Proposal

An RFP is issued whenever:

- The region determines that a group living situation (Community Living Arrangement) is required to meet the needs of a number of individuals supported by DDS.
- The Department or the State has identified a program to be converted from being publicly to privately operated.
- A new provider is needed for a privately operated program.



New OPM Requirements for RFP

- OPM issued new standards for procuring goods, services or other assets through a State Contract
- Goal is to make the process more open and transparent
- All qualified providers must be evaluated fairly on the merits of their proposal
- Standard RFP format



Requirements of an RFP

- To evaluate proposals fairly the RFP must detail the outline of work, how to write the proposal and the way the budget should be submitted.
- Include criteria on how the RFP will be evaluated.
- Identify the outcomes expected of the successful proposer.
- Identify the required minimum qualifications.
- Submission deadline is a minimum of 7 weeks between date of release and deadline.



Minimum Qualifications of Proposers for Community Living Arrangements

To qualify for a contract award, a proposer must have the following minimum qualifications:

- The organization or the executive management team must have at least three years of experience administering residential supports to individuals residing in community living arrangements or Continuous Residential Support settings.
- The administrator of the organization shall be knowledgeable of the nature, needs, development and management of programs for individuals with intellectual disabilities and must have at least one year of experience providing administrative supports to an organization that provides or provided residential supports to individuals residing in a community living arrangements.
- Must be an approved qualified provider by DDS.



Soliciting Proposers

- Written Legal Notice
- Public Announcement
- Must be advertised in the newspaper
- DAS Website



Writing an RFP

- **A proposal will not be accepted if:**
 - The format of proposal is not strictly followed.
 - The budget is not submitted in the format requested in the proposal.



Proposal Communications

To Maintain the Open and Transparency Requirement

- No Ex Parte Communication
- Under no circumstances will any member of the committee contact the provider once the members have been identified and until the RFP has been awarded.
- Central Office will contact the provider for the interviews.



Awarding Proposals

- Recommendations of the three top proposals must be made to the Commissioner.
- The Commissioner, at his discretion, may consult with the regional designee.



RFP Format

- **Section I — GENERAL INFORMATION**
 - A. Introduction
 - B. Abbreviations / Acronyms / Definitions
 - C. Instructions
 - D. Proposal Format
 - E. Evaluation of Proposals

- **Section II — MANDATORY PROVISIONS**
 - A. POS Standard Contract, Parts I and II
 - B. Assurances
 - C. Terms and Conditions
 - D. Rights Reserved to the State
 - E. Statutory and Regulatory Compliance

- **Section III — PROGRAM INFORMATION**
 - A. Department Overview
 - B. Proposal Overview
 - C. Proposal Components



RFP Format

- **Section IV — PROPOSAL OUTLINE**
 - A. Cover Sheet
 - B. Table of Contents
 - C. Declaration of Confidential Information
 - D. Conflict of Interest – Disclosure Statement
 - E. Executive Summary
 - F. Main Proposal
 - G. Scope of Services
 - H. Staffing Plan
 - I. Data & Technology
 - J. Subcontractors
 - K. Work Plan
 - L. Cost Proposal
 - M. Appendices



RFP Format

- **Section V – Forms**

- A. Proposers Authorized Representative Form
- B. Non-Disclosure Form
- C. Agreement and Assurance Forms
- D. Notification To Bidders, Parts I – V (CHRO)
- E. Conflict of Interest Forms 5
- F. Consulting Agreement Affidavit Forms 6
- G. Gift and Campaign Contributions Certification Forms 7
- H. Budget Summary Forms 8

- **Section VI – Miscellaneous Information**

- A. Sample Staffing Schedule
- B. Minimum Submission Requirement Checklist
- C. Qualifying Proposal Evaluation Checklist
- D. Interview Evaluation Checklist
- E. Guidelines for Qualifying Proposal Evaluation Checklist

REGIONAL CONTACTS



REGIONAL CONTACTS

- Contact your Regional Resource Manager for assistance identifying Regional Contacts
- Resource Manager Assignments are subject to change - Contact Regional Resource Manager for current assignments
- Leadership Forum dates – click Calendar ICON on left of DDS homepage and Search Calendar for Regional Leadership Forum Dates
- Provider Orientation Training
 - Once a quarter
 - Rotates between regions
 - Providers must attend a training prior to beginning services/supports
- Acronym list - click Acronyms on left of DDS homepage